

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT AND FORESTS (SHRI NAMG NARAIN MEENA): (a) and (b) *The* Ministry of Environment and Forests has formulated a National Working Plan Code to promote the convergence of forest management practices into the stated objectives of the National Forest Policy 1988. The Code also envisages convergence of microplans formulated wider Joint Forest Management (JFM) with the Working Plans of *the* Forest Division.

(c) As per available information, 3663 JFM Committees have been constituted in Andhra Pradesh State comprising approximately 15.38 lakh members and covering an area of approximately 22.89 lakh hectares.

Sickle cell anaemia

‡3267. SHRI DILIP SINGH JUDEV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of sickle cell anaemia, thalassaemia and major thalassaemia which have come to notice from Madhya Pradesh and Chhattisgarh during the last three years;

(b) the reasons for such diseases;

(c) the places in the country where the facility of treatment and operation for the said diseases is available; and

(d) the details of action being taken by Government to control such diseases and success achieved therein?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI) (a) to (d) According to Indian Council of Medical Research (ICMR), there is no registry of Sickle Cell Disease and Thalassemia in the country to know its exact prevalence in the States of Madhya Pradesh and Chhattisgarh. However, as *per* ICMR-WHO study conducted in the year 2004, it was found that at Raipur (Chhattisgarh) the prevalence of Thalassemia was 3.7% and Sickle Cell trait 5.1% while at Jabalpur (Madhya Pradesh) it was 34% and 7.9% respectively.

‡Original notice of the question was received in Hindi.

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As these borders are hereditary in nature and there is no cure for them diagnostic faculties for Sickle Cell Disorder and other genetic defects, carrying out population genetic survey to detect carriers and sufferers, providing health education, genetic counseling, marriage counseling and pre-natal diagnosis wherever required are provided.

The facility for diagnosis of these disorders have been established at Mumbai, Vadodara, Dibrugarh, Kolkata, Ludhiana, Bangalore, Nagpur, Surat. Bhubaneswar and Coimbatore.

Enhancing of health budget

3268. SHRI PENUMALLI MADHU. WW the Minister of HEALTH AND FAMILY WELFARE be pleased to state

(a) whether it is a fact that the UPA Government assured the people in its Common Minimum Programme that health budget would be enhanced for 2 to 3 times;

(b) whether it is also a fact that the health is decreasing gradually in our country and leading to spread of viral disease like Malaria, Chikungunya, Dengue etc.;

(c) if so, the details thereof; and

(d) the steps taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANDAKALAKSHMI): (a) Yes Sir. The National Common Minimum Programme (NCMP) mandates that the public spending on health sector will be increased to at least 2-3% of GDP over the next five years,

(b) to (d) No Sir. Vector-borne diseases like Malaria, Chikungunya & Dengue are seasonal and epidemic-prone diseases.

A comprehensive National Vector Borne Disease Control Programme (NVBDCP) is under implementation throughout the country for prevention and control of vector-borne diseases namely Malaria, Filariasis, Kala-azar, Japanese Encephalitis (JE), Dengue and Chikungunya. The strategies followed under NVBDCP are.